



## HOME HEALTH AGENCY (HHA)

### APPLICATION SUBMISSION INSTRUCTIONS GUIDE\*

\*Use this guide in conjunction with the Packet Submission Requirements Guide to gather and submit your documentation to support your application for Kansas HHA licensure.

**\*\* These highlighted notations are for those applying for B/C Licensure.**

**Instructions:** Set up a binder with each section labeled with the associated tab. Provide all of the requested items in the right-hand column in each section for review. If an item needs to be included in multiple sections—it needs to be included in each section you wish it considered in the review as each section of documentation submitted is considered separately.

#### SECTION TAB LABELS ✂-----

Cut and tape these as divider page section tabs.

#### WHAT SECTION MUST INCLUDE ☞ ☑

Cut and tape each list on divider page and check off as added to keep track of assembly.

#### ☞ Remember:

Each section and application stands alone. Please include all evidence under EACH applicable section where you are submitting it to be considered and reviewed.

#### Helpful Hints:

- No section is “Not Applicable”.
- “See Attached” is not appropriate.
- Citations must be specific and all documentation must be present for the section under that section.

#### ✂ APPLICATION AND ATTESTATION FORM

THIS SECTION INCLUDES COMPLETED:

- APPLICATION
- FEES




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|  | <ul style="list-style-type: none"> <li>• ATTESTATION STATEMENT / RELEASE FORMS</li> <li>• SALES CONTRACT, IF APPLICABLE FOR CHOW</li> </ul>  |
| <b><u>X</u> GOVERNING BODY</b>                         | <p>THIS SECTION INCLUDES COMPLETED:</p> <p><u>A. Governing Body.</u><br/> Each home health agency shall have a governing body or a clearly defined body having legal authority to operate the agency. The governing body shall:</p> <p>___(1) Have bylaws or their equivalent which shall be renewed annually;</p> <p>___(2) employ a qualified administrator as defined in K.A.R. 28-51-100(a);</p> <p>___(3) adopt, revise, and approve procedures for the operation and administration of the agency as needed;</p> <p>___(4) provide the name and address of each officer, director, and owner of the agency to the licensing agency;</p> <p>___(5) disclose corporate ownership interests of 10 percent or more to the licensing agency; and</p> <p>___(6) disclose past home health agency ownership or management, including the name of the agency, its location, and current status, to the licensing agency.</p> <p><i>“Bylaws” means a set of rules adopted by a home health agency for governing the agency’s operation.</i></p> <p>___ Please send a complete copy of the organization’s bylaws dated and signed. Within the body of the document the items ABOVE (1-6) must be included.</p> <p>___The Administrator must be “appointed” by the Governing Body.</p> <p>___The Alternate Administrator maybe appointed by the Governing Body or simply by the Administrator</p> |
| <b><u>X</u> ADMINISTRATOR/ ALTERNATE ADMINISTRATOR</b> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p><u>B. Administrator.</u><br/> The administrator shall be responsible for the management of the agency to the extent authority is delegated by the governing body. A qualified person shall be designated to act in the absence of the administrator. The administrator shall have at least the following responsibilities:</p> <p>___(1) Organize and direct the agency's ongoing functions;</p> <p>___(2) act as a liaison between the governing body and staff;</p> <p>___(3) employ qualified personnel in accordance with job descriptions;</p> <p>___(4) provide written personnel policies and job descriptions that are made available to all employees;</p> <p>___(5) maintain appropriate personnel records, administrative records, and all policies and procedures of the agency;</p>  |





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|  | <p>___(6) provide orientation for new staff, regularly scheduled in-service education programs, and opportunities for continuing education of the staff;</p> <p>___(7) ensure the completion, maintenance, and submission of such reports and records as required by the secretary of health and environment; and</p> <p>___(8) ensure that each patient admitted to the home health agency receives, in writing, the patient's bill of rights listed at K.A.R. 28-51-111.</p> <p><b>Job description must specify the various requirements 1-8 for the Administrator and Alternate Administrator.</b></p> <p>Please send the following information for the Administrator/Alternated Administrator:</p> <p>___ Current Kansas Licensure if applicable</p> <p>___ Resume and or Curriculum Vitae (CV) along with proof of educational training.</p> <p>___ Administrator / Alternate Job Description containing the responsibilities designated in the regulation ABOVE.<br/> <i>(Please note these are minimum rights responsibilities of the Administrator. Additional responsibilities may be listed in the Job Description (JD) if the agency desires but these must be included.)</i></p> <p><i>A" Job Description" is a broad, general, and written statement of a specific job, based on the findings of a job analysis. It generally includes duties, purpose, responsibilities, scope, and working conditions of a job along with the job's title, and the name or designation of the person to whom the employee reports.</i></p> <p><i>"Administrator" means either a person who has training and experience in health services administration and at least one year of supervisory or administrative experience in health care, or a qualified health professional.</i></p> <p><i>"Qualified health professional" means a physician, a registered nurse, a physical therapist, an occupational therapist, a respiratory therapist, a speech therapist, a dietitian, or a social worker.</i></p> |
| <p><b><u>X</u> PERSONNEL RECORDS</b></p> | <p><b>THIS SECTION INCLUDES COMPLETED:</b></p> <p>Current personnel records shall be maintained for each employee. The personnel records for an employee shall include:</p> <p>___(1) The title of that employee's position and a description of the duties and functions assigned to that position;</p> <p>___(2) the qualifications for the position;</p> <p>___(3) evidence of licensure or certification if required;</p> <p>___(4) performance evaluations made within six months of employment and annually thereafter;</p> <p>___(5) documentation of reference checks and a personnel interview prior to employment; and</p>  |

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|                              | <p>___(6) evidence of good general health and a negative tuberculin skin test or chest X-ray upon employment. <i>Subsequent periodic health assessments or physical examinations shall be given in accordance with agency policies.</i></p> <p>Please send the following:<br/> Written <u>policies</u> on how the organization<br/> Conducts the hiring process including but not limited to<br/> ___ Interviews,<br/> ___ Reference checks,<br/> ___ Criminal Background Checks (CBCs),<br/> ___ License and or certification checks,<br/> ___ Health assessments,<br/> ___ TB testing, and<br/> ___ Performance evaluations.</p> <p>Key Staff Job Descriptions for all positions in the organization such as but not limited to:</p> <table border="0"> <tr> <td>___ Administrator</td> <td>___ Alternate Administrator</td> </tr> <tr> <td>___ Director of Nursing</td> <td>___ Registered Nurse</td> </tr> <tr> <td>___ Licensed Practical Nurse</td> <td>___ Respiratory Therapist</td> </tr> <tr> <td>___ Home Health Aide</td> <td>___ Physical Therapist</td> </tr> <tr> <td>___ Occupational Therapist</td> <td>___ Speech Therapist</td> </tr> <tr> <td>___ Registered Dietitian</td> <td>___ Social Worker</td> </tr> <tr> <td>___ Attendant Care worker</td> <td>___ Supportive Care Worker</td> </tr> </table> <ul style="list-style-type: none"> <li>• <b>Organization Chart</b></li> <li>• <b>Staff Roster List Of All Personnel In The Organization That Crosswalks To The Records Submitted With Their Sample That Includes The Name, Licensure If Applicable, Position, Status, And Date Of Hire (DOH)</b></li> </ul> <p>___ Personnel records of all current employees (Or a sample of 10+ records of key staff) containing all six elements of the requirements listed including evidence of Criminal Background Checks/ Criminal Record Checks (CBCs/CRCs) completed in accordance with K.S.A. 65-5117.</p> <ul style="list-style-type: none"> <li>• <b>TABBED PERSONNEL RECORDS:</b> Number each person selected out of the sample selected from on the Staff Roster--- e.g. #1 Jane Doe, #2 Jill Jones and tab each of personnel to associate and separately distinguish each personnel record packet.</li> </ul> <p><b>In The Personnel Records Packet For Each Person In The Sample—It Needs To Include:</b></p> <ul style="list-style-type: none"> <li>• <b>Personnel Application</b></li> </ul> | ___ Administrator | ___ Alternate Administrator | ___ Director of Nursing | ___ Registered Nurse | ___ Licensed Practical Nurse | ___ Respiratory Therapist | ___ Home Health Aide | ___ Physical Therapist | ___ Occupational Therapist | ___ Speech Therapist | ___ Registered Dietitian | ___ Social Worker | ___ Attendant Care worker | ___ Supportive Care Worker |
| ___ Administrator            | ___ Alternate Administrator  |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |
| ___ Director of Nursing      | ___ Registered Nurse   |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |
| ___ Licensed Practical Nurse | ___ Respiratory Therapist  |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |
| ___ Home Health Aide         | ___ Physical Therapist   |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |
| ___ Occupational Therapist   | ___ Speech Therapist   |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |
| ___ Registered Dietitian     | ___ Social Worker  |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |
| ___ Attendant Care worker    | ___ Supportive Care Worker   |                   |                             |                         |                      |                              |                           |                      |                        |                            |                      |                          |                   |                           |                            |

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|  | <ul style="list-style-type: none"> <li>• <b>Resume Or Curriculum Vitae (CV)</b></li> <li>• <b>Job Description That Includes Qualifications Of The Position</b></li> <li>• <b>Proof Of Licensure and/or Certification Validation</b></li> <li>• <b>Performance Evaluations As Applicable</b></li> <li>• <b>Interview And Reference Checks Documentation Prior To DOH Date</b></li> <li>• <b>Health Assessment Validating Good Health</b></li> <li>• <b>Tb Test/ Chest X-ray</b></li> <li>• <b>Criminal Records Check Evidence* Unless-Licensed Staff</b></li> </ul> <p><b>*Administrator and/or Alternate Administrator Must Provide Criminal Records Check Evidence If Not Licensed.</b></p>  |
| <b><u>X</u> PER VISIT CONTRACTS</b>        | <p>THIS SECTION INCLUDES COMPLETED:</p> <p><u>D. Personnel under hourly or per visit contracts.</u> There shall be a written contract between the agency and personnel under hourly or per visit arrangements. The contract shall include the following provisions:</p> <p>___(1) A statement that patients are accepted for care only by the primary HHA</p> <p>___(2) A description of the services to be provided</p> <p>___(3) A statement that each employee shall conform to applicable agency policies, including those related to qualifications.</p> <p>___(4) A statement that each employee shall be responsible for participating in the development of plans of care</p> <p>___(5) A description of the manner in which services will be controlled, coordinated, and evaluated by the primary agency</p> <p>___(6) Procedures for submitting clinical and progress notes, scheduling patient care, and conducting periodic patient evaluations.</p> <p>___(7) The procedures for determining charges and reimbursement</p> <p>___ Please send a policy addressing personnel who work under an “hourly” or “per visit” contract. The policy shall require these services are provided with a “written contract.” The contract must include the provisions listed in the left hand column.</p> <p><u>Even if you do not employ personnel under hourly or per visit contracts, you must still meet the regulation by having a policy in place in the event this would occur.</u></p> |
| <b><u>X</u> ABUSE NEGLECT EXPLOITATION</b> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>E. Each employee of the agency shall be responsible for reporting in accordance with agency policies and K.S.A. 39-1430 et. seq., and amendments thereto, any evidence of abuse, neglect, or exploitation of any patient served by the agency.</p>   |

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|  | <p><i>Each patient shall have the right to be free from verbal, physical, and psychological abuse and to be treated with dignity.</i></p> <p><i>ABUSE: "The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish." (See 42 CFR Part 488.301.)</i></p> <p><i>NEGLECT: "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness." (See 42 CFR Part 488.301.)</i></p> <p><i>MISAPPROPRIATION OF PROPERTY: The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent. (See 42 CFR Part 488.301.)</i></p> <p>___ Please send a policy about abuse, neglect and exploitation. The policy must require that each employee is responsible for reporting suspected abuse, neglect and exploitation and the policy should outline how they make the report.</p> <p><b>THESE SPECIFIC KSA DEFINITIONS OF EACH MUST BE IN THE POLICY.</b> The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.</p> |
| <p><b>X HOME HEALTH SERVICES</b></p>   | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Patient Acceptance: Only accept a patient when the agency reasonably expects that the patient's medical, rehabilitation, and social needs can be met adequately by the agency in the patient's place of residence.</p> <p>___ <b>Please send HHA policies that address these requirements</b></p>   |
| <p><b>X PROVISION OF SERVICES</b></p> <p><b>** For B/C- replace 'patients' with clients for (1) and (2) and submit on-call policy for afterhours calls from clients. Supervising professional replaces supervising nurse. Exclude (3) and (4).</b></p> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>B. Provision of Services</p> <p>___ (1) Patient care shall follow a written care plan, which is periodically reviewed by the supervising nurses or other appropriate health professionals or supervising professional (B/C).</p> <p>___ (2) All personnel providing services to the same patient shall maintain a liaison with the supervising professional to assure that their efforts effectively complement one another and support the objectives as outlined in the plan of care.</p> <p>___ (3) For each patient receiving professional services, including the services of a RN, PT, OT, SP, and Dietary Consultation, a written summary note shall be sent to the physician every 60 days. Services under arrangement with another agency shall be subject to a written contract conforming to these requirements.</p>  |

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|  | <p>___(4) A registered nurse shall be available or on-call to the staff during all hours that nursing or home health aide services are provided. <b>Need a reference/policy to an RN on-call and Home Health Aide call schedule to the staff during all hours that nursing or HHA services are provided.</b> Policy needs to include the coverage for afterhours, weekends, holidays, et al.</p> <p>___ <b>Please send HHA policies that address these requirements</b></p>  |
| <p> <b>SUPERVISORY</b> <b>** Excluded for B/C.</b></p>                    | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>C. Supervision of home health aide services.</p> <p>___(1) A physician, a registered nurse, or an appropriate qualified health professional shall visit each patient's home every two weeks to supervise home health aide services when skilled nursing or other therapy services, or both are also being furnished to a patient.</p> <p>___(2) This visit may be made less often if only home health aide services are being furnished to a patient and this is documented in the clinical record. A supervisory visit shall then be made at least every 60 days. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5104; effective, T- 86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994.)</p> <p>___ <b>Please send HHA policies that address these requirements</b></p> |
| <p> <b>HOME HEALTH AIDE SERVICES</b><br/><b>**Excluded for B/C.</b></p> | <p>A. Each home health aide shall be supervised by a registered nurse and shall be given written instructions for patient care prepared by a qualified health professional.</p> <p><i>"Home health aide" means an individual who has a home health aide certificate issued by the licensing agency as specified in K.A.R. 28-51-113.</i></p> <p><i>"Qualified health professional" means a physician, a registered nurse, a physical therapist, an occupational therapist, a respiratory therapist, a speech therapist, a dietitian, or a social worker.</i></p> <p>___ Please send policy which state (and it must be evidenced in practice) that each home health aide is supervised by an RN and shall be given written instructions for patient care prepared by a qualified health professional.</p>                                  |
| <p> <b>NURSING SERVICES</b> <b>** Excluded for B/C.</b></p>             | <p>THIS SECTION INCLUDES COMPLETED:</p>  |

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|  | <p>A. Nursing services shall be provided under the supervision of a registered nurse and in accordance with a plan of care.</p> <p>B. A registered nurse shall make an initial evaluation visit to each patient, shall regularly reevaluate the patient's nursing needs, and shall initiate the patient's plan of care and make any necessary revisions.</p> <p>___ <b>Please send HHA policies that address these requirements</b></p>  |
| <b> THERAPY SERVICES</b> <b>** Excluded for B/C.</b>                      | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Therapy services offered directly or under arrangement shall be provided by the following:</p> <p>___ (1) A physical therapist;</p> <p>___ (2) A physical therapist assistant functioning under the supervision of a physical therapist;</p> <p>___ (3) An occupational therapist;</p> <p>___ (4) An occupational therapist assistant functioning under the supervision of an occupational therapist;</p> <p>___ (5) A speech therapist; or</p> <p>___ (6) A respiratory therapist.</p> <p>B. The therapist shall make an evaluation visit to each patient requiring services, shall regularly reevaluate the patient's therapy needs, and shall initiate the patient's therapy plan of care and make any necessary revisions.</p> <p>___ <b>Please send HHA policies that address these requirements</b></p> <p><b><u>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></b></p> |
| <b> SOCIAL SERVICES</b> <b>** Excluded for B/C.</b>                     | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>A. Services shall be given by a social worker according to the patient's plan of care. <u>AND</u></p> <p>B. The social worker shall participate in the development of the patient's plan of care.</p> <p>___ <b>Please send HHA policies that address these requirements</b></p> <p><b><u>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></b></p>   |
| <b> NUTRITIONAL AND DIETARY SERVICES</b><br><b>** Excluded for B/C.</b> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>___ Please send HHA policies that address these requirements</p> <p><b><u>Even if you do not employ therapy services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></b></p>   |
| <b> RESPIRATORY SERVICES</b>  | <p>THIS SECTION INCLUDES COMPLETED:</p>  |





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| <p><b>** Excluded for B/C.</b></p>                        | <p>___ Please send HHA policies that address these requirements</p> <p><u>Even if you do not employ respiratory services personnel you must still meet the regulation by having a Job Description in place in the event these services are activated.</u></p>  |
| <p><b><u>X</u>CLINICAL RECORDS / **CLIENT RECORDS</b></p> | <p><b>THIS SECTION INCLUDES COMPLETED:</b></p> <p>A. General provisions. A clinical record containing pertinent past and current findings shall be maintained in accordance with accepted professional standards for each patient receiving home health services.</p> <p>B. Content of record. Each patient's clinical record shall contain at least the following:</p> <p>___ (1) The patient's plan of care;</p> <p>___ (2) the name of the patient's physician;</p> <p>___ (3) drug, dietary, treatment, and activity orders;</p> <p>___ (4) signed and dated admission and clinical notes that are written the day the service is rendered and incorporated at least weekly;</p> <p>___ (5) copies of summary reports sent to the physician;</p> <p>___ (6) copies of progress notes; and</p> <p>___ (7) the discharge summary.</p> <p>C. Retention. Clinical records shall be retained in a retrievable form for at least five years after the date of the last discharge of the patient. If the home health agency discontinues operation, provision shall be made for retention of records.</p> <p>D. Safeguard against loss or unauthorized use. Written policies and procedures shall be developed regarding use and removal of records and the conditions for release of information. The patient's or guardian's written consent shall be required for release of information not required by law.</p> <p>___ Please send HHA policies that address these requirements.</p> |
| <p><b><u>X</u>PATIENT/ **CLIENT BILL OF RIGHTS</b></p>    | <p><b>THIS SECTION INCLUDES COMPLETED:</b></p> <p>Patient rights must be provided in writing to the patient or their legally identified representative) at the start of care.</p> <p>___ Please send a Patient Rights policy that detail the following rights:</p> <p>The governing body shall establish a bill of rights that will be equally applicable to all patients. At a minimum, the following provisions shall be included in the patients' bill of rights:</p>   |


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|  | <p>___(a) Each patient shall have the right to choose care providers and the right to communicate with those providers.</p> <p>___(b) Each patient shall have the right to participate in planning of the patient's care and the right to appropriate instruction and education regarding the plan.</p> <p>___(c) Each patient shall have a right to request information about the patient's diagnosis, prognosis, and treatment, including alternatives to care and risks involved, in terms that the patient and the patient's family can readily understand so that they can give their informed consent.</p> <p>___(d) Each patient shall have the right to refuse home health care and to be informed of possible health consequences of this action.</p> <p>___(e) Each patient shall have the right to care that is given without discrimination as to race, color, creed, sex, or national origin.</p> <p>___(f) Each patient shall be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.</p> <p>___(g) Each patient shall have the right to reasonable continuity of care.</p> <p>___(h) Each patient shall have the right to be advised in advance of the disciplines that will furnish care and the frequency of visits proposed to be furnished.</p> <p>___(i) Each patient shall have the right to be advised in advance of any change in the plan of care before the change is made.</p> <p>___(j) Each patient shall have the right to confidentiality of all records, communications, and personnel information.</p> <p><i>(Please note These are minimum rights that must be protected for home health agency patients. Additional rights may be listed in the policy if the agency desires but these rights must be included.)</i></p> <p>___The policy must include the phone number for reporting for Kansas: KDHE Abuse, Neglect, and Exploitation Complaint Hotline 1 (800) 842-0078.</p> <p>___ Please send a sample copy of the Patient Rights form given to each resident / Responsible Party indicating the acknowledgement of receipt.</p> |
| <p><b> HOME HEALTH AIDE TRAINING PROGRAM</b></p> <p><b>** Excluded for B/C.</b></p> | <p><b>THIS SECTION INCLUDES COMPLETED:</b></p> <p>___ A. Each individual employed or contracted by a home health agency who is not licensed or registered to provide home health services but who assists, under supervision, in the provision of home health services and who provides related health care to patients shall meet the training</p>   |

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|  | <p>requirements in K.A.R. 28-51-113 through K.A.R. 28-51-116.</p> <p>This regulation shall not apply to any individual providing only attendant care services as defined in K.S.A. 65-6201, and amendments thereto. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective, T-86-23, July 1, 1985; effective May 1, 1986; amended Feb. 28, 1994; amended Oct. 27, 2006.)</p> <p>___ Each home health aide candidate shall be a Kansas-certified nurse aide in good standing on the public nurse aide registry and complete a 20-hour home health aide course approved by the licensing agency.</p> <p>___ Upon completing a home health aide course as specified in subsection (a) of this regulation, each home health aide shall be required to pass a state test as specified in K.A.R. 28-51-116.</p> <p>___ Each person who completes the requirements specified in subsections (a) and (b) of this regulation shall be issued a home health aide certificate by the licensing agency and shall be listed on the public nurse aide registry.</p> <p>___ Each home health aide trainee shall be allowed to provide home health aide services to clients of the home health agency under the supervision of a registered nurse.</p> <p>___ Each home health aide trainee who completes an approved 20-hour course shall be issued a home health aide certificate by the licensing agency, upon completion of the requirements specified in subsections (a) and (b) of this regulation, within 90 days from the beginning date of the initial course in order to continue employment providing home health aide services. Home health aide trainee status shall be for one 90-day period only.</p> <p>___ Any Kansas certified nurse aide who is eligible for employment and who is enrolled in a 20-hour home health aide course may work for a home health agency as a home health aide trainee. The home health agency's registered nurse shall retain in the trainee's personnel file a department-approved form attesting that the trainee has met the minimum competencies for a home health aide trainee.</p> <p>___ Each 20-hour course shall be prepared and administered in accordance with the guidelines established by the licensing agency in the "Kansas certified home health aide guidelines (20 hours)," dated July 1, 2005, and the "Kansas home health aide sponsor and instructor manual, "excluding the appendices, dated July 1, 2005, which are hereby adopted by reference.</p> <p>___ Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</p> |
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|  | <p><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></p>  |
| <p><b>X HOME HEALTH AIDE COURSE INSTRUCTORS</b><br/> <b>** Excluded for B/C.</b></p> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>C. Each instructor for the 20-hour course shall meet the following requirements:</p> <p>__Each person who intends to be a course instructor shall submit a completed instructor approval application form to the licensing agency at least three weeks before offering an initial course and shall be required to receive approval as an instructor before the first day of an initial course.</p> <p>__Each instructor shall be a registered nurse with a minimum of two years of licensed nursing experience, including at least 1,750 hours of experience in the provision of home health care services.</p> <p>Each instructor and course sponsor shall be responsible for ensuring that the following requirements are met:</p> <p>__(1) Each student in a 20-hour home health aide course shall be prescreened and tested for reading comprehension of the written English language at an eighth-grade reading level before enrolling in the course.</p> <p>__(2) A completed course approval application form shall be submitted to the licensing agency at least three weeks before offering the course. Approval of the course shall be obtained from the licensing agency at the beginning of each course whether the course is being offered initially or after a previous approval. Each change in course location, schedule, or instructor shall require prior approval by the licensing agency.</p> <p>__(3) All course objectives shall be accomplished.</p> <p>__(4) Health care professionals with appropriate skills and knowledge may be selected to conduct any part of the training. Each health care professional shall have at least one year of experience in the subject area in which the individual is providing training.</p> <p>__(5) Each person providing a portion of the training shall do so under the direct supervision of the instructor.</p> <p>__(6) If clinical instruction is included in the course, each student shall be under the direct supervision of the instructor.</p> <p>__(7) During the clinical instruction, the instructor shall perform no other duties than the provision of direct supervision to the students.</p> <p>__(8) The 20-hour home health aide course shall be prepared and administered in accordance with the guidelines in the "Kansas certified home health aide guidelines (20 hours)" and the "Kansas home health aide sponsor and instructor manual," as adopted in K.A.R. 28-51-113.</p> |

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|  | <p>___ Any instructor or course sponsor who does not fulfill the requirements of this regulation may be subject to withdrawal of approval to serve as a course instructor or a course sponsor. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)</p> <p>___ <b>Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</b></p> <p><b><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></b></p>   |
| <p><b> HOME HEALTH AIDE TRAINING ENDORSEMENT</b></p> <p><b>** Excluded for B/C.</b></p> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>___ A. Each person who meets one of the following conditions shall be deemed to have met the requirements of K.A.R. 28-51-113(a) and shall be eligible to take the state test as specified in K.A.R. 28-51-116:</p> <p>___ The person has been licensed in Kansas or another state, within 24 months from the date of application, as a licensed practical nurse whose license is inactive or a registered nurse whose license is inactive, and there are no pending or current disciplinary actions against the individual's license.</p> <p>___ The person is currently licensed in Kansas or another state, or has been licensed within 24 months from the date of application, as a licensed mental health technician, and there are no pending or current disciplinary actions against the individual's license.</p> <p>___ The person has received training from an accredited nursing or mental health technician training program within the 24-month period before applying for endorsement. Training shall have included a basic skills component comprised of personal hygiene, nutrition and feeding, safe transfer and ambulation techniques, normal range of motion and positioning, and supervised clinical experience in geriatrics.</p> <p>___ Each person qualified under subsection (a) of this regulation shall receive written notice from the licensing agency that the person is eligible to take the state test. Upon receiving written approval from the licensing agency, that person may be employed by a home health agency as a home health aide trainee to provide patient care on behalf of the home health agency. Each person employed as a home health aide trainee shall be certified as a home health aide by the licensing agency, upon successful completion of the requirements specified in K.A.R. 28-51-113(a) or subsection (a) of this regulation, within one 90-day period starting from the date of approval, in order to</p> |

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|  | <p>continue employment providing home health aide services on behalf of the home health agency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)</p> <p><b>___ Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</b></p> <p><b><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></b></p>   |
| <p><b> HOME HEALTH AIDE TEST ELIGIBILITY</b></p> <p><b>** Excluded for B/C.</b></p> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>___ Each person shall have a maximum of three attempts per year from the beginning date of the course to pass the state written test after successfully completing an approved 20-hour course pursuant to K.A.R. 28-51-113.</p> <p>___ If the person does not pass the state test within one year from the starting date of taking an approved 20-hour course, the person shall retake the entire course to be eligible to retake the state test.</p> <p>___ If a person whose training has been endorsed as specified in K.A.R. 28-51-115 does not pass the state test on the first attempt, the person shall complete an approved 20-hour course as specified in K.A.R. 28-51-113 before retaking the state test.</p> <p>___ The state test shall be comprised of 30 multiple-choice questions for persons who have successfully completed an approved 20-hour course or have successfully completed training that has been endorsed as specified in K.A.R. 28-51-115. A score of 22 or higher shall constitute a passing score.</p> <p>___ Each home health aide trainee shall pay a nonrefundable application fee of \$20.00 before taking the state test. A nonrefundable test application fee shall be required each time the test is scheduled to be taken. Each person who fails to take the state test and who has made payment for the test shall submit another fee before being scheduled for another opportunity to take the test.</p> <p>___ Each course instructor shall collect the application fee for each home health aide trainee eligible to take the state test and shall submit the fees, class roster, and application forms to the licensing agency or its designated agent.</p> <p>___ Each person who is eligible to take the state test and who has submitted the application fee and application form shall be issued written approval, which shall be proof of eligibility to sit for the test.</p> |

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|   | <p>___ Any reasonable test accommodation or auxiliary aid to address a disability may be requested by any person who is eligible to take the state test.</p> <p>___ A request for reasonable accommodation or auxiliary aid shall be submitted each time a candidate is scheduled to take the test.</p> <p>___ No test shall be given orally or by a sign language interpreter since reading and writing instructions or directions is an essential job task of a home health aide.</p> <p>___ Each person requesting a test accommodation shall submit an accommodation request form along with an application form to the instructor. The instructor shall forward these forms to the licensing agency or its designated agent at least three weeks before the desired test date. Each instructor shall verify the need for the accommodation by signing the accommodation request form.</p> <p>___ Each person whose second language is English shall be allowed to use a bilingual dictionary while taking the state test. Limited English proficiency shall not constitute a disability with regard to accommodations. An extended testing period of up to one additional hour may be offered to persons with limited English proficiency. (Authorized by K.S.A. 65-5109; implementing K.S.A. 65-5115; effective Dec. 29, 2003; amended Oct. 27, 2006.)</p> <p><b>___ Please send HHA policies that address these requirements for the HOME HEALTH AIDE TRAINING PROGRAM</b></p> <p><b><u>Even if you do not have a Home Health Aide Training Program you must still meet the regulation by having a policy in place in the event these services are activated.</u></b></p> |
| <p> <b>PRE-FILLING INSULIN SYRINGES</b></p> <p><b>** Excluded for B/C.</b></p> | <p>THIS SECTION INCLUDES COMPLETED:</p> <p>___ A. No unlicensed person employed by a home health agency, in the course of employment with a home health agency, shall prefill insulin syringes for any patient served by the home health agency.</p> <p>"home health agency" means a home health agency licensed in accordance with the provisions of K.S.A. 65-5101 through 65-5115 and K.S.A. 75-5614.</p> <p>___ Please send HHA policy as Kansas statute requires a specific policy stating the following, "Unlicensed employees are prohibited from pre-filling insulin syringes.</p> <p><b>Policy must have above statement included.</b></p>  |



## CRIMINAL BACKGROUND CHECK

### THIS SECTION INCLUDES COMPLETED:

\_\_\_\_Please provide the HHA policy concerning the review of background checks and that your background checks are done in accordance with Kansas statute K.S.A 65-5117.

The policy must also list the crimes that prevent employment as they are listed in the Kansas statute. Policy must include current State of Kansas list of Offenses.

#### **KSA 39-970 & 65-5117**

<http://www.kdads.ks.gov/docs/default-source/SCC-Documents/Health-Occupations-Credentialing/steve-irwin--needs-organized/criminal-record-check-prohibited-offense-list.pdf>

FAQs <http://www.kdads.ks.gov/docs/default-source/SCC-Documents/Health-Occupations-Credentialing/steve-irwin--needs-organized/criminal-record-check-faqs.pdf?sfvrsn=0>

Is there a difference between the criminal record information obtained through KBI's online service and the information accessed from KBI through KDADS?

YES. The law specifies that KDADS accesses criminal history information through KBI records. Under these laws, certain juvenile convictions would constitute a prohibition of employment, which is one reason applicable facilities are required to access information from KBI through KDADS. These laws allow KDADS access to juvenile records. Most other sources you as an operator/administrator may access, including KBI's online service, would not allow access to juvenile records.

Can we use our own (or corporation's) CRC request form?

NO. Use the form prepared and provided by KDADS:

[http://www.kdads.ks.gov/LongTermCare/HOC/downloads/CRC\\_Request\\_form.pdf](http://www.kdads.ks.gov/LongTermCare/HOC/downloads/CRC_Request_form.pdf)

What is the criminal record check requirement for employment (staffing) agencies in the State of Kansas? Both laws (KSA 39-370 and 65-5117) address this under subsection (d), " . . . any employment agency which provides employers with written certification that such employees are not prohibited from working the adult care home under this act." KDADS receives and processes requests from employment agencies. The requestor will be notified of any matches of prohibited offenses.

Prohibited individuals are flagged on the Kansas Nurse Aide Registry. As long as KNAR confirmation is obtained prior to hiring, why is it necessary to pay for criminal record check requests through KDADS? Aren't they the same thing?



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|  | No, they are not the same thing, although a portion of CRC information is integrated to the Kansas Nurse Aide Registry. Criminal record check results provide the details of criminal history information on file with the Kansas Bureau of Investigation. KNAR confirmation provides current employment status of Certified Nurse Aides, Medication Aides and Home Health Aides. Both CRC requests and KNAR confirmation are required at the time of employment. |
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This information is being requested to support your application for a Home Health Agency (HHA) for licensure within the State of Kansas. All policies and references must be specifically for Kansas and under the named Home Health Agency listed on the application.

(Even if other states are under the same umbrella; even if documents are under a corporate name that is separate.)

Please note that the information requested is specifically to meet statutory and regulatory requirements for the State of Kansas licensure only. Certification is a separate action and requires additional activities after application licensure.

**PLEASE NOTE---** All copies provided are retained by KDHE Health Facilities Program and are not returned. Therefore, please only provide copies of all documentation and retain the originals as the Home Health Agency.

Last Revision: 06/26/17